DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH

APPLICANT / FOOD EMPLOYEE REPORTING AGREEMENT

The purpose of this agreement is to ensure that Food Employees report any of the conditions listed to the Person in Charge, so that appropriate steps may be taken to preclude the transmission of foodborne illness.

I, THE UNDERSIGNED, AGREE, AS APPLICANT OR FOOD EMPLOYEE, TO REPORT THE FOLLOWING TO THE PERSON IN CHARGE:

A. FUTURE SYMPTOMS and PUSTULAR LESIONS:

1. **Diarrhea**
2. **Fever**
3. **Vomiting**
4. **Jaundice**
5. **Sore throat with fever**
6. **Lesions containing pus on the hand, wrist, or an exposed body part**

B. FUTURE MEDICAL DIAGNOSIS: Whenever diagnosed as being ill with any of the following:

1. **Typhoid fever** (*Salmonella* **Typhi**)
2. **Shigellosis (*Shigella* spp.)**
3. ***Escherichia coli* O157:H7 infection (E. coli O157:H7), or**
4. **Hepatitis A** (hepatitis A virus)

C. FUTURE HIGH-RISK CONDITIONS:

1. Exposure to or suspicion of causing any confirmed outbreak of typhoid fever, shigellosis, *E. coli* O157:H7 infection, or hepatitis A;   or
2. A household member diagnosed with typhoid fever, shigellosis, illness due to *E. coli* O157:H7, or hepatitis A;   or
3. A household member attends or works where there is a confirmed outbreak of typhoid fever, shigellosis, *E. coli* O157:H7 infection, or hepatitis A.

I have read (or have had explained to me) and understand the requirements concerning my responsibilities under the **State of Delaware Food Code** and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and high-risk conditions specified;   and
2. Work restrictions or exclusions that are imposed upon me;   and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the Delaware Division of Public Health that may affect my employment.

Name of Applicant / Food Employee (print) _____

Signature of Applicant / Food Employee _____Date_____

Signature of Permit Holder's Representative _____Date_____